

Quick Check

Neurological Autoimmune Disease Therapy Documentation

Essential Data

Minimum information required to fully process a referral:

- Patient demographic sheet
- Copy of insurance card
- Prescription (including drug name, dose and frequency)
- H&P (including clarification of diagnosis)
- Recent BUN and Creatinine results
- Clinical documentation supporting diagnosis (neuro exam)
- Supporting diagnostic test results (blood tests for AChR and/or MuSK antibodies, EMG, nerve conduction test, edrophonium test)
- MRI or CT if available
- Prior treatment history and outcomes

Common ICD-10 Codes for gMG Therapy*

ICD-10 Code	Description
G70.00	Myasthenia gravis – without exacerbation
G70.01	Myasthenia gravis – with acute exacerbation

**Non-exhaustive list of ICD-10 codes for Ig treatments offered. Please refer to the complete listing of ICD-10 codes available by accessing the following link: www.icd10data.com.*

Common Payer Requirements

- Many payers have preferred formularies, unless there is documentation on non-tolerance, poor response with preferred formulary products.
- Some have first-line requirements to other “conventional treatments” based on diagnosis. Providing a list of previous treatments and outcomes is helpful.

Get patients on Vyvgart Infusion Therapy with ease:

e-Prescribe: **1466033**

Phone: **1-800-378-0695**

Fax: **1-800-323-2445**

For home infusion, please include nursing orders.

gMG Infusion Therapy

CVS Specialty® and Coram® CVS Specialty® Infusion Services (Coram) work together to dispense and administer infused therapy for patients with neurological autoimmune diseases. We provide the personalized treatment and professional service you and your patients have come to know and expect.

Robust distribution, coordinated delivery

- Access to FDA-approved gMG therapies as well as immunoglobulin (Ig) products dispensed with contactless delivery to patients' homes or desired location
- Direct manufacturer relationships and large inventory make us one of the largest commercial providers of gMG and Ig products in the U.S.
- Infusion-experienced pharmacists and clinicians coordinate intake requests, manage prior authorizations and clinical appeals, and connect patients to financial assistance programs

High-quality infusion care and support

- Dedicated Center of Excellence (e.g., pharmacists, clinicians, patient care coordinators) specially trained in gMG and infusion therapy treatments
- Nationwide network of Coram registered nurses to provide hands-on support, education and training for gMG patients and caregivers
- Understanding needs of patients with gMG, as well as chronic inflammatory demyelinating polyneuropathy (CIDP), multifocal motor neuropathy (MMN), multiple sclerosis (MS) and many neurological indications currently under investigation

Patient safety, ongoing management

- Safe and convenient treatment options at home, in our local ambulatory infusion suites or even shipped to physician offices
- Standard of care protocols for initial and ongoing patient assessments to help support appropriate therapy management and continuity of care

To access the Vyvgart Enrollment Form:

Go to **CVSSpecialty.com/enrollmentforms** and click on “**V**” for **Vyvgart** or contact your local representative. To avoid delays, please complete the enrollment form in its entirety.



FDA (U.S. Food and Drug Administration).

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